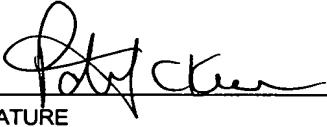
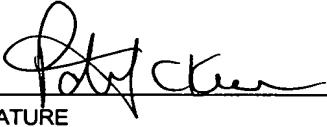
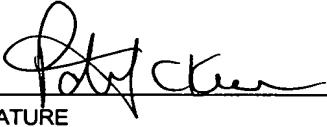


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|---|--|---|--|---|
| Substitute for Form<br>PTO-1390   |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE |  | ATTORNEY'S DOCKET NUMBER<br>1034456-000032                          |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>   |  |   |  | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>10/579774</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/FI2003/000887  | INTERNATIONAL FILING DATE<br>19 November 2003 (19-11-2003) | PRIORITY DATE CLAIMED                                   |  |   |
| TITLE OF INVENTION<br><br><b>METHOD AND DEVICE FOR CARRYING OUT SURFACE PLASMON RESONANCE MEASUREMENT</b>   |  |   |  |   |
| APPLICANT(S) FOR DO/EO/US<br>SADOWSKI, Janusz   |  |   |  |   |
| <p>Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:</p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission to items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (22) indicated below.</li> <li>4. <input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ul> </li> <li>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ul> </li> <li>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li> </ul> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> |  |   |  |   |
| <p>Items 11 to 21 below concern document(s) or information included:</p> <ol style="list-style-type: none"> <li>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13. <input checked="" type="checkbox"/> A <b>FIRST</b> preliminary amendment.</li> <li>14. <input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.</li> <li>15. <input type="checkbox"/> A substitute specification.</li> <li>16. <input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825.</li> <li>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li>20. <input checked="" type="checkbox"/> Other items or information: <u>General Authorization Form for Petition for Extensions of time and payment of fees, Application Data Sheet, International Search Report</u></li> </ol>  |  |   |  |   |

|   |  |   |                         |   |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
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| U.S. APPLICATION NO. (if known, see 37 CFR 1.5) <b>107579774</b>  | INTERNATIONAL APPLICATION NO. <b>PCT/FI2003/000887</b> | ATTORNEY'S DOCKET NUMBER <b>1034456-000032</b>  |                         |   |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <p>21. <input checked="" type="checkbox"/> Applicant(s) requests that the published application include the following assignment information: <u>BEANOR OY, Helsinki, Finland</u></p> <hr/> <hr/> <hr/> <hr/> <hr/>                             |  | <b>CALCULATIONS PTO USE ONLY</b>  |                         |   |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <p>22. <input checked="" type="checkbox"/> The following fees are submitted:</p>  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Basic Filing Fee (1631)</td> <td style="width: 30%; text-align: right; padding: 5px;">\$ 300.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">           Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).         </td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: right;">           CLAIMS      NUMBER FILED      NUMBER EXTRA      RATE      \$         </td> </tr> <tr> <td>Total Claims</td> <td>22</td> <td>- 20 =</td> <td>2</td> <td>× \$50.00 (1615)</td> <td>\$ 100.00</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>- 3 =</td> <td>0</td> <td>× \$200.00 (1614)</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="4" style="padding: 5px;">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+</td> <td>\$ 360.00 (1616)</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Examination Fee</td> <td>+</td> <td>\$ 200.00 (1633)</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Search Fee</td> <td>+</td> <td>\$ 400.00 (1632)</td> </tr> <tr> <td colspan="4" style="padding: 5px;">App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td colspan="4" style="padding: 5px; text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td colspan="2" style="text-align: right; padding: 5px;">\$ 1,000.00</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.         </td> <td style="text-align: right; padding: 5px;">+</td> <td style="text-align: right; padding: 5px;">\$ 500.00</td> </tr> <tr> <td colspan="4" style="padding: 5px; text-align: right;">SUBTOTAL =</td> <td colspan="2" style="text-align: right; padding: 5px;">\$ 500.00</td> </tr> <tr> <td colspan="4" style="padding: 5px;">           Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).         </td> <td colspan="2" style="text-align: right; padding: 5px;">\$ 0.00</td> </tr> <tr> <td colspan="4" style="padding: 5px; text-align: right;">TOTAL NATIONAL FEE =</td> <td colspan="2" style="text-align: right; padding: 5px;">\$ 500.00</td> </tr> <tr> <td colspan="4" style="padding: 5px;">           Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property +         </td> <td colspan="2" style="text-align: right; padding: 5px;">\$ 0.00</td> </tr> <tr> <td colspan="4" style="padding: 5px; text-align: right;">TOTAL FEES ENCLOSED =</td> <td colspan="2" style="text-align: right; padding: 5px;">\$ 500.00</td> </tr> <tr> <td colspan="4" style="padding: 5px; text-align: right;">           a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed.         </td> <td colspan="2" style="text-align: right; padding: 5px;"> <b>Amount to be refunded :</b><br/>           charged :         </td> </tr> <tr> <td colspan="4" style="padding: 5px;">           b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.         </td> <td colspan="2" style="text-align: right; padding: 5px;"></td> </tr> <tr> <td colspan="4" style="padding: 5px;">           c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u>. A duplicate copy of this sheet is enclosed.         </td> <td colspan="2" style="text-align: right; padding: 5px;"></td> </tr> <tr> <td colspan="4" style="padding: 5px;">           d. <input checked="" type="checkbox"/> Charge <u>\$ 500.00</u> to credit card. Form PTO-2038 is attached.         </td> <td colspan="2" style="text-align: right; padding: 5px;"></td> </tr> <tr> <td colspan="6" style="padding: 10px;">           NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.         </td> </tr> <tr> <td colspan="6" style="text-align: center; padding: 10px;">           SEND ALL CORRESPONDENCE TO:<br/> <b>Buchanan Ingersoll PC</b><br/>           Including attorneys from Burns, Doane, Swecker &amp; Mathis<br/>           P.O. Box 1404<br/>           Alexandria, Virginia 22313-1404<br/>           (703) 836-6620         </td> </tr> <tr> <td colspan="6" style="text-align: center; padding: 10px;"> <br/>           SIGNATURE<br/> <b>Patrick C. Keane</b><br/>           NAME         </td> </tr> <tr> <td colspan="6" style="text-align: center; padding: 10px;">           32,858      May 18, 2006<br/>           REGISTRATION NO.      DATE         </td> </tr> </table> | Basic Filing Fee (1631) | \$ 300.00                                   | Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)). |  | CLAIMS      NUMBER FILED      NUMBER EXTRA      RATE      \$ |  | Total Claims | 22 | - 20 = | 2 | × \$50.00 (1615) | \$ 100.00 | Independent Claims | 2 | - 3 = | 0 | × \$200.00 (1614) | \$ 0.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  |  | + | \$ 360.00 (1616) | Examination Fee |  |  |  | + | \$ 200.00 (1633) | Search Fee |  |  |  | + | \$ 400.00 (1632) | App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets) |  |  |  |  | \$ 0.00 | TOTAL OF ABOVE CALCULATIONS = |  |  |  | \$ 1,000.00 |  | <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  |  |  | + | \$ 500.00 | SUBTOTAL = |  |  |  | \$ 500.00 |  | Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). |  |  |  | \$ 0.00 |  | TOTAL NATIONAL FEE = |  |  |  | \$ 500.00 |  | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property + |  |  |  | \$ 0.00 |  | TOTAL FEES ENCLOSED = |  |  |  | \$ 500.00 |  | a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed. |  |  |  | <b>Amount to be refunded :</b><br>charged : |  | b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed. |  |  |  |  |  | c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u> . A duplicate copy of this sheet is enclosed. |  |  |  |  |  | d. <input checked="" type="checkbox"/> Charge <u>\$ 500.00</u> to credit card. Form PTO-2038 is attached. |  |  |  |  |  | NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status. |  |  |  |  |  | SEND ALL CORRESPONDENCE TO:<br><b>Buchanan Ingersoll PC</b><br>Including attorneys from Burns, Doane, Swecker & Mathis<br>P.O. Box 1404<br>Alexandria, Virginia 22313-1404<br>(703) 836-6620 |  |  |  |  |  | <br>SIGNATURE<br><b>Patrick C. Keane</b><br>NAME |  |  |  |  |  | 32,858      May 18, 2006<br>REGISTRATION NO.      DATE |  |  |  |  |  |
| Basic Filing Fee (1631)   | \$ 300.00  |   |                         |   |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).                      |  |   |                         |   |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| CLAIMS      NUMBER FILED      NUMBER EXTRA      RATE      \$  |  |   |                         |   |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Total Claims  | 22   | - 20 =  | 2                       | × \$50.00 (1615)                            | \$ 100.00  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Independent Claims  | 2  | - 3 =   | 0                       | × \$200.00 (1614)                           | \$ 0.00  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)   |  |   |                         | +   | \$ 360.00 (1616)   |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Examination Fee   |  |   |                         | +   | \$ 200.00 (1633)   |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Search Fee  |  |   |                         | +   | \$ 400.00 (1632)   |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)  |  |   |                         |   | \$ 0.00  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL OF ABOVE CALCULATIONS =   |  |   |                         | \$ 1,000.00                                 |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.   |  |   |                         | +   | \$ 500.00  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL =  |  |   |                         | \$ 500.00                                   |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                 |  |   |                         | \$ 0.00                                     |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL NATIONAL FEE =  |  |   |                         | \$ 500.00                                   |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property +  |  |   |                         | \$ 0.00                                     |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL FEES ENCLOSED =   |  |   |                         | \$ 500.00                                   |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed.   |  |   |                         | <b>Amount to be refunded :</b><br>charged : |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.   |  |   |                         |   |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u> . A duplicate copy of this sheet is enclosed. |  |   |                         |   |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| d. <input checked="" type="checkbox"/> Charge <u>\$ 500.00</u> to credit card. Form PTO-2038 is attached.   |  |   |                         |   |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.                                       |  |   |                         |   |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| SEND ALL CORRESPONDENCE TO:<br><b>Buchanan Ingersoll PC</b><br>Including attorneys from Burns, Doane, Swecker & Mathis<br>P.O. Box 1404<br>Alexandria, Virginia 22313-1404<br>(703) 836-6620  |  |   |                         |   |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <br>SIGNATURE<br><b>Patrick C. Keane</b><br>NAME   |  |   |                         |   |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| 32,858      May 18, 2006<br>REGISTRATION NO.      DATE  |  |   |                         |   |  |  |  |  |              |    |        |   |                  |           |                    |   |       |   |                   |         |   |  |  |  |   |                  |                 |  |  |  |   |                  |            |  |  |  |   |                  |  |  |  |  |  |         |                               |  |  |  |             |  |   |  |  |  |   |           |            |  |  |  |           |  |   |  |  |  |         |  |                      |  |  |  |           |  |  |  |  |  |         |  |                       |  |  |  |           |  |   |  |  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |